

REQUIREMENTS & INSTRUCTIONS – MENTAL HEALTH COUNSELOR LICENSE APPLICATION

Access this form via www.hawaii.gov/dcca/areas/pvl

NOTE: Individuals using the title "Mental Health Counselor" or practicing "Mental Health Counseling" **ARE REQUIRED** to obtain a "Mental Health Counselor" license. Rehabilitation counselors, school counselors, educational counselors, and other counselors **ARE NOT** required to obtain a "Mental Health Counselor" license **UNLESS** they are using the title "Mental Health Counselor" or are practicing "Mental Health Counseling".

APPLICATION FORM Complete and sign the attached application form in black ink. Include a check for the application fee. Failure to provide all the requested information will delay the processing of your application. Applicants are subject to meeting all requirements in effect at time of filing. **There is no "reciprocity" (or recognition of Mental Health Counselor licensure) in another state.**

LICENSURE – CERTIFICATION METHOD

INDIVIDUALS WITH CURRENT, UNENCUMBERED CERTIFICATION AS A NATIONAL CERTIFIED COUNSELOR (NCC) OR A NATIONAL CERTIFIED REHABILITATION COUNSELOR (CRC) PRIOR TO JULY 1, 2005

VERIFY CURRENT CERTIFICATION AND EXAMINATION PASSAGE Individuals who hold a current, unencumbered certification as a National Certified Counselor or as a National Certified Rehabilitation Counselor prior to July 1, 2005 and meet the examination passage requirement are not required to complete the Coursework Form, Practicum Verification Form, and Post Graduate Verification Form, in the application.

Have the National Board of Certified Counselors (NBCC) or the Commission on Rehabilitation Counselor Certification (CRCC) send written documentation **directly** to our office to verify that you possess a current, unencumbered certification.

The verification must also include information that the applicant passed the National Counselor Examination for Licensure and Certification (NCE), the National Clinical Mental Health Counseling Examination (NCMHCE), or the Commission on Rehabilitation Counselor Certification (CRCC) Examination, the examination score, and the date the examination was taken (which must be after January 1, 2000 and before July 1, 2005).

DEADLINE **The application, verification of current certification and examination passage, and fees must be received on or before June 30, 2006.**

Contact information for the NBCC:
Website: <http://www.nbcc.org>
Telephone: (336) 547-0607

Contact information for the CRCC:
Website: <http://www.crcccertification.com>
Telephone: (847) 394-2104

Please be advised that we will not accept certificates or examination scores that are submitted by applicants.

LICENSURE – EDUCATION, EXPERIENCE, AND EXAMINATION METHOD

DEADLINE **Submit** the application and all supporting documents to the department's office by the filing deadline for the specific examination date. Refer to the "Exam Schedule" for specific dates. **All education, practicum and post-graduate experience MUST be completed prior to filing the application.** Applications that lack supporting documents required for exam or licensure will not be considered.

EDUCATION

- (1) **Arrange** for an official graduate school transcript of your master's or doctoral degree from an accredited educational institution in counseling or in an allied field related to the practice of mental health counseling to be sent **directly** to our office.
- (2) **Complete** the attached "Coursework Form", which shall verify completion of a graduate program that includes or is supplemented by graduate level coursework in counseling comprising a minimum of 48 semester hours OR 72 quarter hours and included the subject areas listed below, with a minimum of 3 graduate semester hours or 5 graduate quarter hours in each subject area:
 - a) Human Growth and Development;
 - b) Social and Cultural Foundations;
 - c) Counseling Theories and Applications;
 - d) Group Theory and Practice;
 - e) Career and Lifestyle Development;
 - f) Appraisal of Human Behavior;
 - g) Tests and Measurements;
 - h) Research and Program Evaluation; and
 - i) Professional Orientation and Ethics.

Courses that are listed on the "Coursework Form" must be found on the graduate school transcript. A course may be applied only once and may not be repeated in any of the other areas. **Attach** the completed form to your application.

PRACTICUM EXPERIENCE

Have your supervisor complete the attached "Practicum Verification Form", which shall verify the completion of at least **2** academic terms of supervised practicum intern experience of at least **3** graduate semester hours or **5** graduate quarter hours per academic term in a counseling setting, with a minimum total of **300** hours of supervised client contact. Please note that your supervisor is required to sign the form before a Notary Public.

If you have had multiple supervisors, please duplicate the verification form.

Attach the completed form to your application.

POST-GRADUATE EXPERIENCE

Have your supervisor complete the attached "Post-Graduate Verification Form", which shall verify completion of 3,000 hours of direct counseling work with 100 hours of face-to-face clinical supervision within a two year period. Please note that your supervisor is required to sign the form before a Notary Public.

Attach the completed form to your application.

PRACTICUM AND POSTGRADUATE SUPERVISOR

The supervisor must be able to perform the "Practice of Mental Health Counseling" (HRS §453D-1), which includes the diagnosis and treatment of conduct disorders defined in the approved diagnostic and statistical manual for mental disorders. Eligible individuals include licensed mental health counselors, licensed psychologists, licensed clinical social workers, advanced practice registered nurses with specialization in mental health, psychiatrists, and licensed marriage and family therapists.

EXAMINATION

Have passed the National Counselor Examination for Licensure and Certification (NCE). Once your application is approved you are eligible to register for the National Board for Certified Counselors (NBCC) NCE examination, and a registration form will be mailed to you.

The NCE registration form and a check in the amount of \$120.00 (Payable to NBCC) must be mailed back to NBCC by the exam registration deadline for you to take the NCE examination. The NBCC will mail you information regarding the site of the test center and an admittance letter.

FEES

Attach a check or money order payable to "**Commerce and Consumer Affairs**" for:

Application Fee (non-refundable) \$60

LICENSE FEES

After all requirements are fulfilled, license fees will be due. Notification of amounts due will be sent to you at the appropriate time.

For license issued between July 1 and June 30 of the first year of the triennium pay
(2005, 2008, 2011) \$364
(License fee - \$175 + Compliance Resolution Fund - \$105 +
2/3 renewal - \$84)

For license issued between July 1 and June 30 of the second year of the triennium pay
(2006, 2009, 2012) \$287
(License fee - \$175 + Compliance Resolution Fund - \$70 +
1/3 renewal - \$42)

For license issued between July 1 and June 30 the third year of the triennium pay
(2007, 2010, 2013) \$210
(License fee - \$175 + Compliance Resolution Fund - \$35)

Note: One of the numerous legal requirements that you must meet in order for your new license to be issued is payment of fees as set forth in this application. You may be sent a license card before the check you sent us for your required fees, clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you are entitled to a hearing as provided by Title 16, chapter 201, Hawaii Administrative Rules, and/or chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

GENERAL INFORMATION

ADDRESS

Mail:

Mental Health Counselor Program
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801
www.hawaii.gov/dcca/areas/pvl

OR

Deliver:

PVL Licensing Branch
335 Merchant St., Room 301
Honolulu, Hawaii 96813
Phone: (808) 586-3000

TRIENNIAL RENEWAL

All licenses, regardless of issuance date, **shall be renewed triennially (every three (3) years) on or before June 30**, with the first renewal occurring on June 30, 2008. Failure to renew a license shall result in a forfeiture of the license. Licenses which have been forfeited may be restored within one year of the expiration date upon payment of the renewal and restoration fees. Failure to restore a forfeited license within one year of the date of its expiration shall result in automatic termination of the license. Persons with terminated licenses shall be required to apply for licensure as a new applicant.

It is the responsibility of the licensee to inform the Department in writing of any name or address change.

APPLICANTS WITH SPECIAL NEEDS

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until you have been approved to sit for the exam.

LAWS & RULES

To obtain a copy of the laws, Chapter 453D, Hawaii Revised Statutes, send a written request to Mental Health Counselor Program, Commerce and Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. Indicate the specific chapter in your request. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 453D.

The laws are also posted on our website at: www.hawaii.gov/dcca/areas/pvl. Look under "Mental Health Counselor".

**ABANDONMENT
OF APPLICATION**

Your application will be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR LICENSE – MENTAL HEALTH COUNSELOR

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

Legal Name (First-Middle)	(Last)
Other Names Used (include maiden name):	
Residence Address (include apt. no., city, state and zip code)	
Mailing Address (ONLY if different from above)	
Social Security No.	Phone No. (days)

FOR OFFICE USE ONLY

Approved	Initial/Date
Effective Date:	License No. MHC-

Only if you are applying under the provisions for a current NCC or CRC certification member, please complete all the information in this block.

- | | |
|------------------------------------------|-------------------------------------|
| a. Name of Certificate You Possess _____ | c. Name of Examination Taken _____ |
| b. Certification Expiration Date _____ | d. Date Examination was Taken _____ |

Circle or underline your answers; and provide details as needed:

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1) Are you at least 18 years of age? | YES | NO |
| 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? | YES | NO |
| 3) Have you ever been denied a certificate or license to practice mental health counseling? | YES | NO |
| 4) a. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? | YES | NO |
| b. Are there any disciplinary actions pending against you? | YES | NO |
| c. Have you ever been disciplined for an ethical violation by a state or by a professional association? | YES | NO |
| 5) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? | YES | NO |

If any of your responses to questions #3, #4a, b or c, and #5 were "yes," provide information on date, place, and type of conviction or disciplinary action on a separate sheet and submit pertinent documents.

EDUCATION	Name of Institution	Major Course of Study	Date Degree Conferred	Name of Degree Conferred	Name of your Major
EXPERIENCE	Name & Address of Experience	List Your Duties	Dates (mo/yr)		Title of your Position
			From	To	

(CONTINUED ON BACK)

App..... 760\$60
Lic..... 765\$175
CRF..... 763\$35/70/105

Renewal 767 \$84/42
Service fee BCF \$15

Affidavit of Applicant:

I certify that the answers and statements made in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license (Section 710-1017, Sections 453D-12, and 436B-19, Hawaii Revised Statutes).

I further certify that I have read, understand, and will abide by the provisions of Chapter 453D, Hawaii Revised Statutes, concerning Mental Health Counselors in the State of Hawaii.

Date

Signature of Applicant

Coursework Form – Mental Health Counselor

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

NAME OF APPLICANT (First-Middle-LAST): _____

Social Security No: _____ Date: _____

Each applicant must complete at least **48** semester hours or **72** quarter hours of graduate level coursework that shall include the following subject areas, **with a minimum of 3 graduate semester hours or 5 graduate quarter hours in each subject area listed below**. Each course must be on your transcript and can only be listed one time on the form.

LIST: Total number of graduate semester _____ hours **OR** graduate quarter _____ hours required to complete your master's or doctoral degree.

a. Human growth and development.

Institution	Course Number	Course Title	Term	Hours

Total Hours: _____

b. Social and cultural foundations.

Institution	Course Number	Course Title	Term	Hours

Total Hours: _____

c. Counseling theories and applications.

Institution	Course Number	Course Title	Term	Hours

Total Hours: _____

d. Group theory and practice.

Institution	Course Number	Course Title	Term	Hours

Total Hours: _____

e. Career and lifestyle development.

Institution	Course Number	Course Title	Term	Hours

Total Hours: _____

Each applicant must complete at least **48** semester hours or **72** quarter hours of graduate level coursework that shall include the following subject areas, with **a minimum of 3 graduate semester hours or 5 graduate quarter hours in each subject area listed below**. Each course must be on your transcript and can only be listed one time on the form.

f. Appraisal of human behavior.

Institution	Course Number	Course Title	Term	Hours

Total Hours: _____

g. Tests and measurements.

Institution	Course Number	Course Title	Term	Hours

Total Hours: _____

h. Research and program evaluation.

Institution	Course Number	Course Title	Term	Hours

Total Hours: _____

i. Professional orientation and ethics.

Institution	Course Number	Course Title	Term	Hours

Total Hours: _____

Practicum experience.

Institution	Course Number	Course Title	Term	Hours

Total Hours: _____

Practicum Verification – MENTAL HEALTH COUNSELOR

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Instructions to the Applicant: Complete Section 1, **have your supervisor complete Section 2 to verify your practicum experience**, then attach the completed form to your application before submitting it to the department. Please note that your supervisor must sign the form before a notary public. **You must complete at least 2 academic terms of supervised practicum intern experience of at least 3 graduate semester hours or 5 graduate quarter hours per academic term in a counseling setting, with a minimum total of 300 hours of supervised client contact.**

Section 1: APPLICANT	Name (First-Middle)		(Last)	Social Security No.	
	Address (include apt. no. & zip code)			Phone No.	
	SIGN HERE:			Date	

Section 2: SUPERVISOR ONLY	TO THE SUPERVISOR:					
	<i>The person named above is applying for a mental health counselor license in Hawaii. Please complete Section 2 to verify the applicant completed the practicum experience under your supervision, sign the form before a notary public, then return the completed form to the applicant. To correct an error in Section 2, please draw a single line through the incorrect information and initial. DO NOT use correction fluid or write over incorrect information.</i>					
	Practicum Dates (month)		Total number of semester or quarter hours in practicum	Total hours of supervised client contact	Name of Practicum Facility including Address, City, State	Description of Counseling Setting and Services Provided
	From	To				
			hrs.	hrs.		
Affidavit of Supervisor:						
I hereby attest that I supervised the practicum experience of the individual listed above and that the information in Section 2 is accurate. I further certify that I am: (check one)						
<input type="checkbox"/> A licensed mental health counselor.						
<input type="checkbox"/> A licensed psychologist, licensed clinical social worker, advanced practice registered nurse with a specialization in mental health, a psychiatrist, or a licensed marriage and family therapist.						
_____ Signature of Supervisor						
Printed name of supervisor _____						
Address _____ _____						
Phone No. () _____						
State of Licensure and Type of License _____						
License No. _____						
Effective Date of License and Expiration Date _____						
Subscribed and sworn to before me						
This _____ day of _____, 20_____						
_____ Notary Public, State of _____						
My commission expires: _____						

Postgraduate Verification – MENTAL HEALTH COUNSELOR

Instructions to the Applicant: Complete Section 1, **have your supervisor complete Section 2 to verify your postgraduate experience**, then attach the completed form to your application before submitting it to the department. Please note that your supervisor must sign the form before a notary public. **You must complete at least 3000 hours of direct counseling work with 100 hours of face-to-face clinical supervision within a two year period.**

Section 1: APPLICANT	Name (First-Middle)		(Last)		Social Security No.	
	Address (include apt no. & zip code)				Phone No.	
	SIGN HERE:				Date	

Section 2: SUPERVISOR ONLY	TO THE SUPERVISOR: <i>The person named above is applying for a mental health counselor license in Hawaii. Please complete Section 2 to verify the applicant completed the postgraduate experience under your supervision, sign the form before a notary public, then return the completed form to the applicant. To correct an error in Section 2, please draw a single line through the incorrect information and initial. DO NOT use correction fluid or write over incorrect information.</i>					
	Postgraduate Experience Dates (mo/yr)		Total Hours Postgraduate Direct Counseling Work	Total Hours Face-to-Face Supervision	Name of Postgraduate Firm including Address, City, State	Description of Counseling Setting and Services Provided
	From	To				
			hrs.	hrs.		
	Affidavit of Supervisor: I hereby attest that I supervised the postgraduate experience of the individual listed above and that the information in Section 2 is accurate. I further certify that I am: (check one) <div style="margin-left: 40px;"> <input type="checkbox"/> A licensed mental health counselor. <input type="checkbox"/> A licensed psychologist, licensed clinical social worker, advanced practice registered nurse with a specialization in mental health, a psychiatrist, or a licensed marriage and family therapist. </div>					
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><i>Subscribed and sworn to before me</i></p> <p>This _____ day of _____, 20____</p> <p>_____ Notary Public, State of _____</p> <p><i>My commission expires:</i></p> </div> <div style="width: 50%;"> <p style="text-align: right;">_____ Signature of Supervisor</p> <p>Printed name of supervisor _____</p> <p>Address _____</p> <p>_____ Phone No. (____) _____</p> <p>State of Licensure and Type of License _____</p> <p>License No. _____</p> <p>Effective Date of License and Expiration Date _____</p> </div> </div>					